

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594,559

FILING DATE

9-27-06

APPLICANT(S)

CLAIMS

| | <i>article 34</i> | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|-------------------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 10 | | 7 | | | | |
| 11 | | ① - | | | | |
| 12 | | ① - | | | | |
| 13 | | ① - | | | | |
| 14 | | ① - | | | | |
| 15 | | ① - | | | | |
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| TOTAL IND. | 2 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 35 | ← | | ← | | ← |
| TOTAL CLAIMS | 37 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | | | | | | |